

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91456 014 ***150.00

DOCUMENT # 098000008555

1. Entity Name

AQUATIC ADVENTURES, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

MURRAY MARINE

3. Mailing Address

P.O. Box 173

Suite, Apt. #, etc.

5710 U.S. HIGHWAY 1

Suite, Apt. #, etc.

1107 KEY PLAZA

City & State

Key WEST

City & State

Key WEST

Zip

FL

Country

33040

Zip

FL

Country

MONROE

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0831128

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ARTHUR W. USHER JR.

Street Address (P.O. Box Number is Not Acceptable)

5296 SUNCREST RD LOT 44A

City

Key WEST

FL

Zip Code

33040

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

4-28-03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME	<u>PRESIDENT/SECRETARY</u>
STREET ADDRESS	<u>ARTHUR W. USHER JR</u>
CITY-ST-ZIP	<u>173 1107 Key PLAZA</u>
	<u>Key WEST, FL 33040</u>
TITLE NAME	<u>VICE PRESIDENT/TREASURER</u>
STREET ADDRESS	<u>WENDY L. USHER</u>
CITY-ST-ZIP	<u>173 1107 Key PLAZA</u>
	<u>Key WEST, FL 33040</u>
TITLE NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-03 305-849-4004

CR2E034B (12/02)